

This is not the official court record. Official records of court proceedings may only be obtained directly from the court maintaining a particular record.

Mark Dojkic, Debra Dojkic v. AXA Insurance Company

Case Number	49D04-2011-CT-039640
Court	Marion Superior Court, Civil Division 4
Type	CT - Civil Tort
Filed	11/09/2020
Status	11/09/2020 , Pending (active)

Parties to the Case

Defendant AXA Insurance Company

Address	150 West Market Street, Suite 800 Indianapolis, IN 46204
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Defendant Indian Harbor Insurance Company

Attorney	Leslie B Pollie <i>#2571649, Retained</i> Kopka Pinkus Dolin PC 550 Congressional Blvd., Suite 310 Carmel, IN 46032 317-818-1360(W)
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Plaintiff Dojkic, Mark

Address	50 S. Meridian St., Suite 600 Indianapolis, IN 46204
Attorney	Reid Alan Nahmias <i>#3078529, Retained</i> 50 S Meridian ST STE 600 Indianapolis, IN 46204 317-636-0808(W)

Plaintiff Dojkic, Debra

Address	50 S. Meridian St., Suite 600 Indianapolis, IN 46204
Attorney	Reid Alan Nahmias <i>#3078529, Retained</i> 50 S Meridian ST STE 600 Indianapolis, IN 46204 317-636-0808(W)

Chronological Case Summary

11/09/2020 Case Opened as a New Filing

Exhibit A

11/09/2020 Complaint/Equivalent Pleading Filed

Complaint for Damages

Filed By: Dojkic, Mark
Filed By: Dojkic, Debra
File Stamp: 11/09/2020

11/09/2020 Appearance Filed

Appearance

For Party: Dojkic, Mark
For Party: Dojkic, Debra
File Stamp: 11/09/2020

11/09/2020 Subpoena/Summons Filed

Summons

Filed By: Dojkic, Mark
Filed By: Dojkic, Debra
File Stamp: 11/09/2020

11/09/2020 Certificate of Issuance of Summons

Certificate of Issuance of Summons

Filed By: Dojkic, Mark
Filed By: Dojkic, Debra
File Stamp: 11/09/2020

11/16/2020 Service Returned Served (E-Filing)

Return of Service.pdf

Green Card - AXA Ins. Co..pdf

Return of Service

Filed By: Dojkic, Mark
Filed By: Dojkic, Debra
File Stamp: 11/16/2020

11/17/2020 Motion Filed

Motion to Amend Changing the Party Against Whom Claim is Asserted.pdf

Exhibit A- Email from Defense Atty.pdf

Exhibit B- Amended COMPLAINT.pdf

Motion to Amend Complaint to Chang the Party Against Whom Claim is Asserted Pursuant to Trial Rule 15(C)

Filed By: Dojkic, Mark
File Stamp: 11/16/2020

11/30/2020 Order Granting

Order Granting Motion to Amend Complaint to Change the Party Against Whom Claims is Asserted Pursuant to Trial Rule 15(C)

Judicial Officer: Ayers, Cynthia J
Order Signed: 11/30/2020

12/01/2020 Automated Paper Notice Issued to Parties

Order Granting ---- 11/30/2020 : AXA Insurance Company

12/01/2020 Automated ENotice Issued to Parties

Order Granting ---- 11/30/2020 : Reid Alan Nahmias

12/01/2020 Subpoena/Summons Filed

Summons

Filed By: Dojkic, Mark
Filed By: Dojkic, Debra
File Stamp: 12/01/2020

12/01/2020 Appearance Filed

Appearance on behalf of Indian Harbor

For Party: Indian Harbor Insurance Company
File Stamp: 12/01/2020

12/01/2020 Notice Filed

Automatic Enlargement

Filed By: Indian Harbor Insurance Company
File Stamp: 12/01/2020

Financial Information

* Financial Balances reflected are current representations of transactions processed by the Clerk's Office. Please note that any balance due does not reflect interest that has accrued – if applicable – since the last payment. For questions/concerns regarding balances shown, please contact the Clerk's Office.

Dojkic, Mark

Plaintiff

Balance Due (as of 12/31/2020)

0.00**Charge Summary**

Description	Amount	Credit	Payment
Court Costs and Filing Fees	157.00	0.00	157.00

Transaction Summary

Date	Description	Amount
11/09/2020	Transaction Assessment	157.00
11/09/2020	Electronic Payment	(157.00)

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STATE OF INDIANA) IN THE MARION COUNTY SUPERIOR COURT
) SS:
COUNTY OF MARION) CAUSE NO.

MARK DOJKIC and)
DEBRA DOJKIC,)
Plaintiffs,)
vs.)
AXA INSURANCE COMPANY)
Defendant.)

COMPLAINT FOR DAMAGES

The Plaintiffs, by counsel, for their Complaint for Damages against the Defendant, states the following:

1. At all times relevant to this action the Plaintiffs, Mark and Debra Dojkic, were residents of Indianapolis, Marion County, Indiana.
2. Defendant AXA Insurance Company of Indiana (hereinafter "AXA") is a corporation having its principal place of business in Marion County, Indiana and at all times relevant provided insurance coverage for Mark Dojkic as well as the automobile which Mark was driving.
3. On or about April 1, 2019, Mark was the driver of a motor vehicle traveling southbound on Graham Road in Indianapolis, Marion County, Indiana.
4. At said time and place John A. Trump was operating a motor vehicle northbound on Graham Road Street; Mr. Trump negligently attempted to make a left hand turn onto Commerce Parkway West Drive, striking Mark's vehicle and causing serious injury to him.

5. As a direct and proximate result of the carelessness and negligence of John A. Trump, Mark suffered personal injury resulting in pain and suffering and his injuries may be permanent in nature.

6. In order to treat these injuries, Mark was required to engage the services of hospitals and medical practitioners and incurred medical expenses; he may continue to incur medical expenses for care in the future, all as a direct and proximate result of the negligence of John A. Trump.

7. As a proximate result of his injuries, Mark has missed work and may miss work in the future.

8. At the time of the incident Mark and Debra Dojkic were husband and wife; as a result of Mark's injuries, Debra lost the legal services of her husband.

9. As a direct and proximate result of the carelessness and negligence of John A. Trump, Plaintiffs have been damaged.

10. At all times pertinent, John A. Trump was insured by Allstate Insurance Company (herein "Allstate") with liability limits of \$50,000.

11. At the time of the incident, Plaintiffs and their vehicle were insured by AXA under several Policies, including but not limited to Policy numbers: RAD5000562, RAD5000549, and RAD5000610, which provided underinsurance coverage and other benefits (hereinafter "Contract for Insurance").

12. On or about December 18, 2019, Allstate tendered an offer to settle Plaintiffs claims against their insured, John A. Trump, for its policy limits which Plaintiffs accepted in exchange for a release of liability as approved by AXA Insurance Company and/or their agents.

13. The value of Plaintiffs personal injury and damages caused as a result of John A. Trump's negligence exceeds the sum of \$50,000.

14. At the time of the accident, John A. Trump was an underinsured motorist; and, therefore, AXA's underinsurance and other coverages, including medical payments coverage, are hereby claimed by Plaintiffs.

15. AXA Insurance Company is liable for the Plaintiffs' damages under the terms and conditions of the Contract for Insurance.

WHEREFORE, Plaintiffs prays for judgment against the Defendant, AXA Insurance Company, in an amount commensurate with the evidence of their damages, costs of this action and all other relief proper in the premises.

Respectfully Submitted,

HURST LIMONTES, LLC

/s/ Reid A. Nahmias

Reid A. Nahmias (#30785-29)
50 South Meridian Street, Suite 600
Indianapolis, IN 46204
(317)636-0808 phone
(317)633-7680 facsimile
RNahmias@billhurst.com
Attorneys for Plaintiffs

HURST LIMONTES, LLC

/s/ Alexander J. Limontes

Alexander J. Limontes (#27226-49)
50 South Meridian Street, Suite 600
Indianapolis, IN 46204
(317)636-0808 phone
(317)633-7680 facsimile
ALimontes@billhurst.com
Attorneys for Plaintiffs

STATE OF INDIANA) IN THE MARION COUNTY SUPERIOR COURT
) SS:
COUNTY OF MARION) CAUSE NO.

MARK DOJKIC and)
DEBRA DOJKIC,)
)
Plaintiffs,)
)
vs.)
)
AXA INSURANCE COMPANY)
)
Defendant.)

APPEARANCE OF REID NAHMIAS and ALEXANDER J. LIMONTES

This Appearance Form must be filed on behalf of every party in a civil case.

1. The party on whose behalf this form is being filed is:

Initiating X Responding _____ Intervening _____ ; and

the undersigned attorney and all attorneys listed on this form now appear in this case for the following parties:

Name of party Mark Dojkic and Debra Dojkic _____

Address of party (*see Question # 5 below if this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order*)

50 South Meridian Street, Suite 600, Indianapolis, IN 46204 _____

Telephone # of party 317-636-0808 _____

(List on a continuation page additional parties this attorney represents in this case.)

2. Attorneys information for service as required by Trial Rule 5(B)(2)

Name: Reid A. Nahmias Atty Number: 30785-29 _____

Name: Alexander J. Limontes Atty Number: 27226-49 _____

Address: 50 S. Meridian St., Suite 600, Indianapolis, IN 46204 _____

Phone: (317) 636-0808 _____

FAX: (317) 633-7680

Email Address: Rnahmias@billhurst.com

Email Address: Alimontes@billhurst.com

IMPORTANT: Each attorney specified on this appearance:

- (a) certifies that the contact information listed for him/her on the Indiana Supreme Court Roll of Attorneys is current and accurate as of the date of this Appearance;
- (b) **acknowledges that all orders, opinions, and notices from the court in this matter that are served under Trial Rule 86(G) will be sent to the attorney at the email address(es) specified by the attorney on the Roll of Attorneys regardless of the contact information listed above for the attorney;** and
- (c) understands that he/she is solely responsible for keeping his/her Roll of Attorneys contact information current and accurate, see Ind. Admis. Disc. R. 2(A).

Attorneys can review and update their Roll of Attorneys contact information on the Courts Portal at <http://portal.courts.in.gov>.

3. This is a CT case type as defined in administrative Rule 8(B)(3).
4. This case involves child support issues. Yes No X (*If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on light green paper. Use Form TCM-TR3.1-4.*)
5. This case involves a protection from abuse order, a workplace violence restraining order, or a no – contact order. Yes No X (*If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of a petitioner.*) The party shall use the following address for purposes of legal service:

Attorney's address

The Attorney General Confidentiality program address
(contact the Attorney General at 1-800-321-1907 or e-mail address is confidential@atg.in.gov).

Another address (provide)

This case involves a petition for involuntary commitment. Yes No X

6. If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:

a. Name of the individual subject to the petition for involuntary commitment if it is not already provided in #1 above:

b. State of Residence of person subject to petition: _____

c. At least one of the following pieces of identifying information:

(i) Date of Birth _____

(ii) Driver's License Number _____

State where issued _____ Expiration date _____

(iii) State ID number _____

State where issued _____ Expiration date _____

(iv) FBI number _____

(v) Indiana Department of Corrections Number _____

(vi) Social Security Number is available and is being provided in an attached confidential document Yes No

7. There are related cases: Yes No X (*If yes, list on continuation page.*)

8. Additional information required by local rule:

9. There are other party members: Yes No (*If yes, list on continuation page.*)

10. This form has been served on all other parties and Certificate of Service is attached:

Yes No X

/s/ Reid Nahmias _____

Reid A. Nahmias

(Attorney information shown above.)

Marion County, Indiana

STATE OF INDIANA) Marion Superior Court, Civil Division 4
) IN THE MARION COUNTY SUPERIOR COURT
) SS:
 COUNTY OF MARION) CAUSE NO.

MARK DOJKIC and)
 DEBRA DOJKIC,)
)
 Plaintiffs,)
)
 vs.)
)
 AXA INSURANCE COMPANY)
)
)
 Defendant.)

TO DEFENDANT: AXA Insurance Company

c/o CT Corporation System, Registered Agent
 150 West Market Street, Suite 800
 Indianapolis, IN 46204

You are hereby notified that you have been sued by the person named as Plaintiffs and in the Court indicated above.

The nature of the suit against you is stated in the Complaint, which is attached to this Summons. It also states the relief sought or the demand made against you by the Plaintiffs.

An answer or other appropriate response in writing to the Complaint must be filed either by you or your attorney within twenty (20) days, commencing the day after you receive this Summons, (or twenty-three (23) days if this Summons was received by mail), or a judgment by default may be rendered against you for the relief demanded by Plaintiffs.

If you have a claim for relief against the Plaintiffs arising from the same transaction or occurrence, you must assert it in your written answer.

Dated 11/9/2020

Myle A. Eldridge
Clerk, Marion County Court



(The following manner of service of Summons is hereby designated.)

Registered or certified mail.

Service at place of employment, to-wit: _____

Service on individual - (Personal) at above address

Service on agent. (Specify) _____

Other service. (Specify) _____

Reid A. Nahmias (#30785-29)

Alexander J. Limontes (#27226-49)

HURST LIMONTES, LLC

50 South Meridian Street, Suite 600

Indianapolis, Indiana 46204

317-636-0808 FAX: 317-633-7680

SHERIFF'S RETURN ON SERVICE OF SUMMONS

I hereby certify that I have served this Summons on the _____ day of _____, 20___:

- (1) By delivering a copy of the Summons and a copy of the Complaint to the Defendant at the above address.
- (2) By leaving a copy of the Summons and a copy of the Complaint at the above address;
- (3) Other Service or Remarks: _____

Sheriff's Costs

Sheriff

By:

Deputy

CLERK'S CERTIFICATE OF MAILING

I hereby certify that on the _____ day of _____, 20___ I mailed a copy of this Summons and a copy of the Complaint to the Defendant, _____, by certified mail, requesting a return receipt, at the address furnished by the Defendant.

Dated: _____

Clerk, Marion County Court

By:

Deputy

RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint mailed to Defendant, _____ was accepted by the Defendant on the _____ day of _____, 20___.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint was returned not accepted on the _____ day of _____, 20___.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint mailed to Defendant, _____, was accepted by _____, on behalf of said Defendant, on the _____ day of _____, 20___.

Dated: _____

Clerk, Marion County Court

By:

Deputy

STATE OF INDIANA) IN THE MARION COUNTY SUPERIOR COURT
) SS:
COUNTY OF MARION) CAUSE NO. 49D04-2011-CT-039640

MARK DOJKIC and)
DEBRA DOJKIC,)
Plaintiffs,)
vs.)
AXA INSURANCE COMPANY)
Defendant.)

CERTIFICATE OF ISSUANCE OF SUMMONS

I, Reid Nahmias, Attorney for the Plaintiffs, do hereby certify that on the 9th day of November, 2020, I sent, by certified mail, a file-stamped copy of the Complaint and Summons for this case to each of the following defendants:

Party Served: AXA Insurance Company

Method of Service: Certified Mail

Address of Party: CT Corporation System, Registered Agent

150 West Market Street, Suite 800

Indianapolis, IN 46204

Tracking/Identification Number: 7018 0680 0000 8806 3568

/s/ Reid Nahmias

Reid A. Nahmias, #30785-29
HURST LIMONTES, LLC
50 S. Meridian St., Suite 600
Indianapolis, IN 46204
(317) 636-0808
Rnahmias@billhurst.com

STATE OF INDIANA) IN THE MARION COUNTY SUPERIOR COURT
) SS:
COUNTY OF MARION) CAUSE NO. 49D04-2011-CT-039640

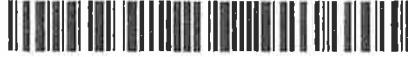
MARK DOJKIC and)
DEBRA DOJKIC,)
Plaintiffs,)
vs.)
AXA INSURANCE COMPANY)
Defendant.)

RETURN OF SERVICE FOR DEFENDANT

Attached is the Return of Service for AXA Insurance Company.

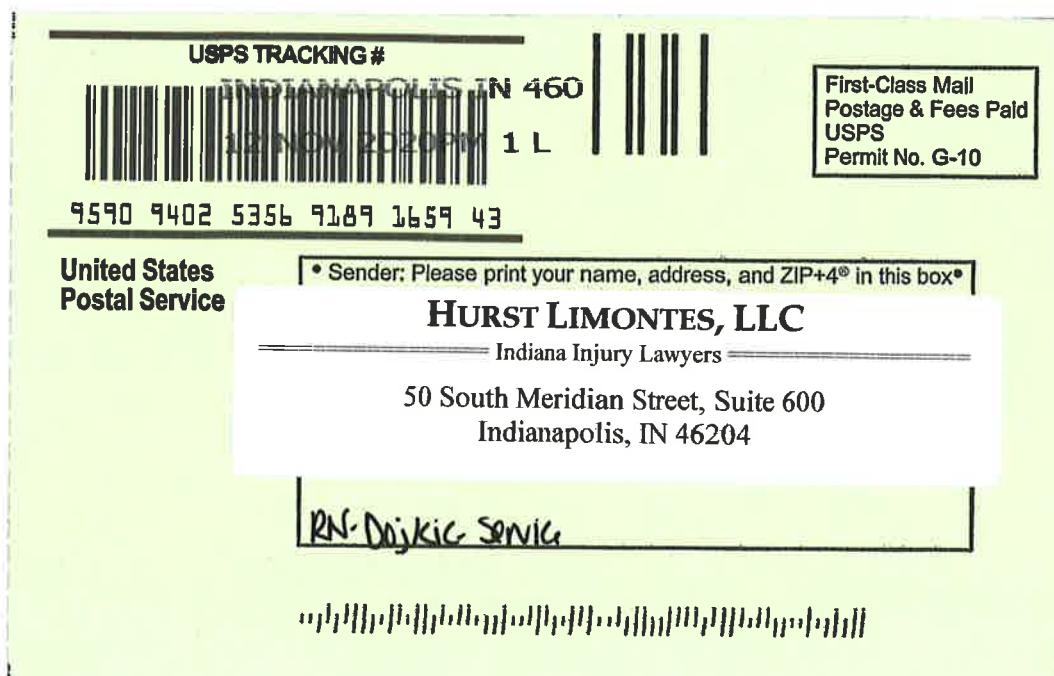
HURST LIMONTES, LLC

/s/ Reid Nahmias _____
Reid A. Nahmias (#30785-29)
50 South Meridian Street, Suite 600
Indianapolis, IN 46244
317-636-0808 phone
317-633-7680 fax
Attorney for Plaintiffs
Rnahmias@billhurst.com

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>[Signature]</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>NOV 12 2021</i></p>	
<p>1. Article Addressed to:</p> <p>AXA Insurance Company c/o CT Corporation System 150 West Market Street, Suite 800 Indianapolis, IN 46204</p> <p> 9590 9402 5356 9189 1659 43</p> <p>2. Article Number (Transfer from service label) 2018 0680 0000 8806 3568</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt



STATE OF INDIANA) IN THE MARION COUNTY SUPERIOR COURT
) SS:
COUNTY OF MARION) CAUSE NO. 49D04-2011-CT-039640

MARK DOJKIC and)
DEBRA DOJKIC,)
Plaintiffs,)
vs.)
AXA INSURANCE COMPANY)
Defendant.)

**Motion to Amend Complaint to Chang the Party Against Whom
Claim is Asserted Pursuant to Trial Rule 15(C)**

COMES now the Plaintiffs, Mark and Deborah Dojkic, by counsel, and respectfully moves the court to amend their Complaint to change the party against whom the claim is asserted from AXA Insurance Company to now read as Indiana Harbor Insurance Company. In support thereof of said Motion, Plaintiff would state as follows:

1. The present cause of action is based on an injury and trauma matter occurring on April 1, 2019.
2. Plaintiff instituted the cause of action against the Defendant on November 9, 2020.
3. Plaintiff properly described the Defendant and its relation to the Plaintiff as “a corporation having its principal place of business in Marion County, Indiana and at all times relevant provided insurance coverage for Mark Dojkic as well as the automobile which Mark was driving” (Plaintiffs Complaint ¶ 2).

4. Summons and a copy of the Complaint were sent to the registered agent of AXA Insurance Company, CT Corporation System, at 334 North Senate Ave, INDIANAPOLIS IN, 46204-1708, by Plaintiff's counsel via USPS Certified Mail return receipt requested which was delivered on November 12, 2020 (See previously filed Return of Service).
5. A Copy of the Complaint was also sent to the insurance company adjuster at Constitution State Services TPA Indian Harbor Insurance Company.
6. Plaintiff's counsel received an e-mail correspondence from Attorney Leslie Pollie, the attorney hired to represent Defendant in this case.
7. Attorney Pollie stated that the Summons and Complaint improperly named Defendant, according to her the proper name was Indian Harbor (Attached Exhibit A- Email from Defense Counsel).
8. According to Indiana Trial Rule 15(C): "*Whenever the claim or defense asserted in the amended pleading arose out of the conduct, transaction, or occurrence set forth or attempted to be set forth in the original pleading, the amendment relates back to the date of the original pleading. An amendment changing the party against whom a claim is asserted relates back if the foregoing provision is satisfied and, within one hundred and twenty (120) days of commencement of the action, the party to be brought in by amendment: (1) has received such notice of the institution of the action that he will not be prejudiced in maintaining his defense on the merits; and (2) knew or should have known that but for a mistake concerning the identity of the proper party, the action would have been brought against him.*"

9. The claim in the Amended Complaint arose out of the conduct, transaction, or occurrence set forth in the original complaint.
10. Within 120 days after the commencement of the action, the owner of the party to be brought into the action, Indian Harbor, received notice of the institution of the action and thus will not be prejudiced in maintaining a defense on the merits.
11. Within 120 days after commencement of the action Indian Harbor Insurance Company, knew or should have known that if not for a mistake concerning the identity of the proper party, the action would have been brought against Indian Harbor Insurance Company.
12. Plaintiff asks the court to amend the Complaint and change the party against whom the claim is asserted to Indian Harbor Insurance Company (Attached Exhibit B- Amended Complaint).

WHEREFORE, Plaintiff respectfully requests that the Court amend the Complaint for Damages and change the party against whom the claim is asserted and for all other proper relief.

Respectfully Submitted,

/s/ Reid Nahmias _____
Reid A. Nahmias (#30785-29
Hurst Limontes, LLC.
50 South Meridian Street, Suite 600
Indianapolis, IN 46204
317-636-0808/FAX: 317-633-7680
Attorney for Plaintiff(s)

CERTIFICATE OF SERVICE

I hereby certify that on 11/16/2020, a copy of the foregoing was filed electronically. Notice of this filing will be sent to the following parties by operation of the Court's Electronic Filing System. Parties may access this filing through the Court's System.

Leslie B. Pollie
Kopka Pinkus Dolin PC
550 Congressional Blvd.,
Suite 310
Carmel, IN 46032
lbpollie@kopkalaw.com

/s/ Reid Nahmias
Reid A. Nahmias (#30785-29)
Attorneys for Plaintiff(s)
Hurst Limontes, LLC
50 South Meridian Street, Suite 600
Indianapolis, IN 46204 (317) 636-0808

Reid Nahmias

From: Leslie B. Pollie <lbpollie@kopkalaw.com>
Sent: Monday, November 16, 2020 3:33 PM
To: Reid Nahmias; Alex Limontes
Cc: Carol M. Semotuk
Subject: Dojkic v. AXA XL

Good afternoon, Gentlemen, I hope this e-mail finds you both well. I have been retained to represent the defendant in this case and have been informed that the applicable policy was underwritten by Indian Harbor rather than AXA XL. The most efficient way to correct this issue is probably to file a Motion to Amend the Complaint to name the proper defendant, but I will leave that up to your judgment. I will enter my Appearance on behalf of AXA XL tomorrow along with a Motion for Enlargement of Time to Answer. I look forward to working with you both!

Thanks,
Leslie

Leslie B. Pollie | Managing Partner/Shareholder



550 Congressional Blvd., Suite 310

Carmel, IN 46032

T: 317.818.1360 | F: 317.818.1390

Direct: 317.814.4049 | Cell: 317.508.0470

Offices in Illinois, Indiana, Michigan, Kentucky and Wisconsin

[website](#) | [vCard](#) | [LinkedIn](#) | [map](#) | [email](#)

Note: This e-mail may contain confidential information. If you have received this e-mail without being the proper recipient, you are hereby notified that any review, copying or distribution of it is strictly prohibited. Please inform us immediately and destroy the original transmittal. Please visit www.kopkalaw.com for other information concerning our firm.

This email has been scanned for email related threats and delivered safely by Mimecast.

STATE OF INDIANA) IN THE MARION COUNTY SUPERIOR COURT
) SS:
COUNTY OF MARION) CAUSE NO. 49D04-2011-CT-039640

MARK DOJKIC and)
DEBRA DOJKIC,)
Plaintiffs,)
vs.)
INDIAN HARBOR INSURANCE)
COMPANY)
Defendant.)

AMENDED COMPLAINT FOR DAMAGES

The Plaintiffs, by counsel, for their Complaint for Damages against the Defendant, states the following:

1. At all times relevant to this action the Plaintiffs, Mark and Debra Dojkic, were residents of Indianapolis, Marion County, Indiana.
2. Defendant Indian Harbor Insurance Company (herein "Indian Harbor") is a corporation having its principal place of business in Marion County, Indiana and at all times relevant provided insurance coverage for Mark Dojkic as well as the automobile which Mark was driving.
3. On or about April 1, 2019, Mark was the driver of a motor vehicle traveling southbound on Graham Road in Indianapolis, Marion County, Indiana.
4. At said time and place John A. Trump was operating a motor vehicle northbound on Graham Road Street; Mr. Trump negligently attempted to make a left hand turn onto Commerce Parkway West Drive, striking Mark's vehicle and causing serious injury to him.

5. As a direct and proximate result of the carelessness and negligence of John A. Trump, Mark suffered personal injury resulting in pain and suffering and his injuries may be permanent in nature.

6. In order to treat these injuries, Mark was required to engage the services of hospitals and medical practitioners and incurred medical expenses; he may continue to incur medical expenses for care in the future, all as a direct and proximate result of the negligence of John A. Trump.

7. As a proximate result of his injuries, Mark has missed work and may miss work in the future.

8. At the time of the incident Mark and Debra Dojkic were husband and wife; as a result of Mark's injuries, Debra lost the legal services of her husband.

9. As a direct and proximate result of the carelessness and negligence of John A. Trump, Plaintiffs have been damaged.

10. At all times pertinent, John A. Trump was insured by Allstate Insurance Company (herein "Allstate") with liability limits of \$50,000.

11. At the time of the incident, Plaintiffs and their vehicle were insured by Indian Harbor under several Policies, including but not limited to Policy numbers: RAD5000562, RAD5000549, and RAD5000610, which provided underinsurance coverage and other benefits (hereinafter "Contract for Insurance").

12. On or about December 18, 2019, Allstate tendered an offer to settle Plaintiffs claims against their insured, John A. Trump, for its policy limits which Plaintiffs accepted in exchange for a release of liability as approved by Indian Harbor and/or their agents.

13. The value of Plaintiffs personal injury and damages caused as a result of John A. Trump's negligence exceeds the sum of \$50,000.

14. At the time of the accident, John A. Trump was an underinsured motorist; and, therefore, Indian Harbor's underinsurance and other coverages, including medical payments coverage, are hereby claimed by Plaintiffs.

15. Indian Harbor is liable for the Plaintiffs' damages under the terms and conditions of the Contract for Insurance.

WHEREFORE, Plaintiffs prays for judgment against the Defendant, Indian Harbor, in an amount commensurate with the evidence of their damages, costs of this action and all other relief proper in the premises.

Respectfully Submitted,

HURST LIMONTES, LLC

/s/ Reid A. Nahmias

Reid A. Nahmias (#30785-29)
50 South Meridian Street, Suite 600
Indianapolis, IN 46204
(317)636-0808 phone
(317)633-7680 facsimile
RNahmias@billhurst.com
Attorneys for Plaintiffs

HURST LIMONTES, LLC

/s/ Alexander J. Limontes

Alexander J. Limontes (#27226-49)
50 South Meridian Street, Suite 600
Indianapolis, IN 46204
(317)636-0808 phone
(317)633-7680 facsimile
ALimontes@billhurst.com
Attorneys for Plaintiffs

STATE OF INDIANA) IN THE MARION COUNTY SUPERIOR COURT
) SS:
COUNTY OF MARION) CAUSE NO. 49D04-2011-CT-039640

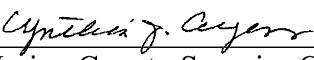
MARK DOJKIC and)
DEBRA DOJKIC,)
Plaintiffs,)
vs.)
INDIAN HARBOR INSURANCE)
COMPANY)
Defendant.)

**ORDER GRANTING MOTION TO AMEND COMPLAINT TO CHANGE THE PARTY
AGAINST WHOM CLAIM IS ASSERTED PURSUANT TO TRIAL RULE 15(C)**

Plaintiffs, Mark and Debora Dojkic, by counsel, having filed their Motion for to Amend Complaint to Change the Party Against Whom Claim is Asserted and amend the Complaint Pursuant to Trial Rule 15(C), and the Court being duly advised in the matter, now grants said Motion.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that Plaintiff is granted leave to change the party against whom the claim is asserted to Indian Harbor Insurance Company and amend the Complaint. The Amended Complaint for Damages attached to the Motion for Leave to Amend Complaint is deemed filed as of the date of this Order and the Defendant, Indian Harbor Insurance Company, is ordered to respond to the Amended Complaint for Damages within thirty (30) days of the date of this Order.

Dated this November 30, 2020 day of _____ 2012.



CYNTHIA J. AYERS
JUDGE, Marion County Superior Court

DISTRIBUTION:

Reid Nahmias
Hurst Limontes, LLC.
50 South Meridian Street, Suite 600
Indianapolis, IN 46204
Rnahmias@billhurst.com

Leslie B. Pollie
Kopka Pinkus Dolin PC
550 Congressional Blvd.,
Suite 310
Carmel, IN 46032
lbpollie@kopkalaw.com

STATE OF INDIANA) IN THE MARION COUNTY SUPERIOR COURT
) SS:
COUNTY OF MARION) CAUSE NO. 49D04-2011-CT-039640

MARK DOJKIC and)
DEBRA DOJKIC,)
Plaintiffs,)
vs.)
INDIAN HARBOR INSURANCE)
COMPANY)
Defendant.)

AMENDED COMPLAINT FOR DAMAGES

The Plaintiffs, by counsel, for their Complaint for Damages against the Defendant, states the following:

1. At all times relevant to this action the Plaintiffs, Mark and Debra Dojkic, were residents of Indianapolis, Marion County, Indiana.
2. Defendant Indian Harbor Insurance Company (herein "Indian Harbor") is a corporation having its principal place of business in Marion County, Indiana and at all times relevant provided insurance coverage for Mark Dojkic as well as the automobile which Mark was driving.
3. On or about April 1, 2019, Mark was the driver of a motor vehicle traveling southbound on Graham Road in Indianapolis, Marion County, Indiana.
4. At said time and place John A. Trump was operating a motor vehicle northbound on Graham Road Street; Mr. Trump negligently attempted to make a left hand turn onto Commerce Parkway West Drive, striking Mark's vehicle and causing serious injury to him.

5. As a direct and proximate result of the carelessness and negligence of John A. Trump, Mark suffered personal injury resulting in pain and suffering and his injuries may be permanent in nature.

6. In order to treat these injuries, Mark was required to engage the services of hospitals and medical practitioners and incurred medical expenses; he may continue to incur medical expenses for care in the future, all as a direct and proximate result of the negligence of John A. Trump.

7. As a proximate result of his injuries, Mark has missed work and may miss work in the future.

8. At the time of the incident Mark and Debra Dojkic were husband and wife; as a result of Mark's injuries, Debra lost the legal services of her husband.

9. As a direct and proximate result of the carelessness and negligence of John A. Trump, Plaintiffs have been damaged.

10. At all times pertinent, John A. Trump was insured by Allstate Insurance Company (herein "Allstate") with liability limits of \$50,000.

11. At the time of the incident, Plaintiffs and their vehicle were insured by Indian Harbor under several Policies, including but not limited to Policy numbers: RAD5000562, RAD5000549, and RAD5000610, which provided underinsurance coverage and other benefits (hereinafter "Contract for Insurance").

12. On or about December 18, 2019, Allstate tendered an offer to settle Plaintiffs claims against their insured, John A. Trump, for its policy limits which Plaintiffs accepted in exchange for a release of liability as approved by Indian Harbor and/or their agents.

13. The value of Plaintiffs personal injury and damages caused as a result of John A. Trump's negligence exceeds the sum of \$50,000.

14. At the time of the accident, John A. Trump was an underinsured motorist; and, therefore, Indian Harbor's underinsurance and other coverages, including medical payments coverage, are hereby claimed by Plaintiffs.

15. Indian Harbor is liable for the Plaintiffs' damages under the terms and conditions of the Contract for Insurance.

WHEREFORE, Plaintiffs prays for judgment against the Defendant, Indian Harbor, in an amount commensurate with the evidence of their damages, costs of this action and all other relief proper in the premises.

Respectfully Submitted,

HURST LIMONTES, LLC

/s/ Reid A. Nahmias

Reid A. Nahmias (#30785-29)
50 South Meridian Street, Suite 600
Indianapolis, IN 46204
(317)636-0808 phone
(317)633-7680 facsimile
RNahmias@billhurst.com
Attorneys for Plaintiffs

HURST LIMONTES, LLC

/s/ Alexander J. Limontes

Alexander J. Limontes (#27226-49)
50 South Meridian Street, Suite 600
Indianapolis, IN 46204
(317)636-0808 phone
(317)633-7680 facsimile
ALimontes@billhurst.com
Attorneys for Plaintiffs

STATE OF INDIANA) IN THE MARION COUNTY SUPERIOR COURT
) SS:
COUNTY OF MARION) CAUSE NO.: 49D04-2011-CT-039640

MARK DOJKIC and)
DEBRA DOJKIC,)
)
Plaintiffs,)
)
vs.)
)
INDIAN HARBOR INSURANCE)
COMPANY)
)
Defendant.)

TO DEFENDANT: Indian Harbor Insurance Company
c/o CT Corporation System, Registered Agent
150 West Market Street, Suite 800
Indianapolis, IN 46204

You are hereby notified that you have been sued by the person named as Plaintiffs and in the Court indicated above.

The nature of the suit against you is stated in the Complaint, which is attached to this Summons. It also states the relief sought or the demand made against you by the Plaintiffs.

An answer or other appropriate response in writing to the Complaint must be filed either by you or your attorney within twenty (20) days, commencing the day after you receive this Summons, (or twenty-three (23) days if this Summons was received by mail), or a judgment by default may be rendered against you for the relief demanded by Plaintiffs.

If you have a claim for relief against the Plaintiffs arising from the same transaction or occurrence, you must assert it in your written answer.

Dated 12/1/2020

Myra A. Edmiston
Clerk, Marion County Court



(The following manner of service of Summons is hereby designated.)

Registered or certified mail.

Service at place of employment, to-wit: _____

Service on individual - (Personal) at above address

Service on agent. (Specify) _____

Other service. (Specify) _____

Reid A. Nahmias (#30785-29)

Alexander J. Limontes (#27226-49)

HURST LIMONTES, LLC

50 South Meridian Street, Suite 600

Indianapolis, Indiana 46204

317-636-0808 FAX: 317-633-7680

SHERIFF'S RETURN ON SERVICE OF SUMMONS

I hereby certify that I have served this Summons on the _____ day of _____, 20___:

- (1) By delivering a copy of the Summons and a copy of the Complaint to the Defendant at the above address.
- (2) By leaving a copy of the Summons and a copy of the Complaint at the above address;
- (3) Other Service or Remarks: _____

Sheriff's Costs

Sheriff

By: _____

Deputy

CLERK'S CERTIFICATE OF MAILING

I hereby certify that on the _____ day of _____, 20___ I mailed a copy of this Summons and a copy of the Complaint to the Defendant, _____, by certified mail, requesting a return receipt, at the address furnished by the Defendant.

Dated: _____

Clerk, Marion County Court

By: _____

Deputy

RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint mailed to Defendant, _____ was accepted by the Defendant on the _____ day of _____, 20___.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint was returned not accepted on the _____ day of _____, 20___.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint mailed to Defendant, _____, was accepted by _____, on behalf of said Defendant, on the _____ day of _____, 20___.

Dated: _____

Clerk, Marion County Court

By: _____

Deputy

95110
STATE OF INDIANA) IN THE MARION SUPERIOR COURT NO. 4
)
COUNTY OF MARION) SS:
)
MARK DOJKIC and DEBRA DOJKIC)
)
Plaintiffs,)
)
v.) CAUSE NO.: 49D04-2011-CT-39640
)
INDIAN HARBOR INSURANCE)
COMPANY,)
)
Defendant.)

E-FILING APPEARANCE BY ATTORNEY UNDER TRIAL RULE 3.1

Party Classification: Initiating: _____ Responding: Intervening: _____

1. The undersigned attorney appears in this case for the following party member:

Defendant, Indian Harbor Insurance Company

2. Attorney information for service as required by Trial Rule 5(B)(2):

Leslie B. Pollie	Atty. No.	25716-49
KOPKA PINKUS DOLIN PC	Telephone:	(317) 818-1360
550 Congressional Boulevard	Facsimile:	(317) 818-1390
Suite 310	Email:	lpollie@kopkalaw.com
Carmel, IN 46032		

IMPORTANT: Each attorney specified on this Appearance:

- (a) certified that the contact information listed for him/her on the Indiana Supreme Court Roll of Attorneys is current and accurate as of the date of this Appearance;
- (b) acknowledges that all orders, opinions, and notices from the court in this matter that are served under Trial Rule 86(G) will be sent to the attorney at the email addresses specified by the attorney on the Roll of Attorneys regardless of the contact information listed above for the attorney; and
- (c) understands that he/she is solely responsible for keeping his/her Roll of Attorneys contact information current and accurate, see Ind. Admis. Disc. R. 2(A).

3. Case Type requested under Administrative Rule 8(b)(3): N/A

4. I will accept service by fax at the above noted number: **No**
I will accept service by email at the above noted address: **Yes**
5. This case involves child support issues: **No**
6. This case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order: **No**
7. This case involves a petition for involuntary commitment: **No**
8. Are there related cases: **No**
9. Additional information required by local rule: **No**
10. Are there other party members: **No**
11. This form has been served on all other parties and a Certificate of Service is attached.

Respectfully submitted:

KOPKA PINKUS DOLIN PC

By: /s/ Leslie B. Pollie
Leslie B. Pollie (#25716-49A)

CERTIFICATE OF SERVICE

I hereby certify that on December 1, 2020, I electronically filed the foregoing document using the Indiana eFiling System (IEFS). I further certify that the following persons were served on the same date using the IEFS:

Reid A. Nahmias
Alexander Limontes
Hurst Limontes, LLC
50 S. Meridian Street, Suite 600
Indianapolis, IN 46204
Rnahmias@billhurst.com
Alimontes@billhurst.com

/s/ Leslie B. Pollie
Leslie B. Pollie

KOPKA PINKUS DOLIN PC
550 Congressional Blvd.

Suite 310
Carmel, IN 46032
(317) 814-4049
Fax: (317) 818-1390
Email: lbpollie@kopkalaw.com

95110
STATE OF INDIANA) IN THE MARION SUPERIOR COURT NO. 4
) SS:
COUNTY OF MARION)

MARK DOJKIC and DEBRA DOJKIC)
)
Plaintiffs,)
)
v.) CAUSE NO.: 49D04-2011-CT-39640
)
INDIAN HARBOR INSURANCE)
COMPANY,)
)
Defendant.)

DEFENDANT INDIAN HARBOR INSURANCE'S
NOTICE OF AUTOMATIC ENLARGEMENT

Defendant, Indian Harbor Insurance Company, by counsel, Leslie B. Pollie and Kopka Pinkus Dolin PC, respectfully moves the Court for the automatic enlargement of time to respond to the Plaintiffs' Complaint for Damages to and including Monday, January 4, 2021, pursuant to Ind. Trial Rule 6(B)(1) and Marion County Local Rule 203 (D), and would show the Court:

1. That no prior extensions have been requested.
2. That said Defendant has had insufficient opportunity to make such investigation and preparation as is necessary to answer the allegations contained in Plaintiffs' Complaint for Damages.
3. That such extension of time is necessary to undertake such investigation and preparation.
4. That the instant Motion has not been interposed for the purpose of undue delay.
5. That Plaintiffs' counsel has no objection this automatic enlargement.
6. The date to which said extension of time would automatically extend is Monday, January 4 2021.

WHEREFORE, Defendant, Indian Harbor Insurance Company files its Notice of Automatic Enlargement of Time to and including Monday, January 4, 2021, within which to answer or otherwise plead to Plaintiffs' Complaint for Damages.

Respectfully submitted:

KOPKA PINKUS DOLIN PC

By: /s/ Leslie B. Pollie
Leslie B. Pollie (#25716-49A)

CERTIFICATE OF SERVICE

I hereby certify that on December 1, 2020, I electronically filed the foregoing document using the Indiana eFiling System (IEFS). I further certify that the following persons were served on the same date using the IEFS:

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Alexander Limontes
Hurst Limontes, LLC
50 S. Meridian Street, Suite 600
Indianapolis, IN 46204
Rnahmias@billhurst.com
Alimontes@billhurst.com

/s/ Leslie B. Pollie
Leslie B. Pollie

KOPKA PINKUS DOLIN PC
550 Congressional Blvd.
Suite 310
Carmel, IN 46032
(317) 814-4049
Fax: (317) 818-1390
Email: lpollie@kopkalaw.com

STATE OF INDIANA) IN THE MARION COUNTY SUPERIOR COURT
) SS:
COUNTY OF MARION) CAUSE NO. 49D04-2011-CT-039640

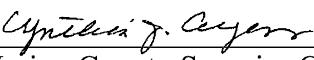
MARK DOJKIC and)
DEBRA DOJKIC,)
Plaintiffs,)
vs.)
INDIAN HARBOR INSURANCE)
COMPANY)
Defendant.)

**ORDER GRANTING MOTION TO AMEND COMPLAINT TO CHANGE THE PARTY
AGAINST WHOM CLAIM IS ASSERTED PURSUANT TO TRIAL RULE 15(C)**

Plaintiffs, Mark and Debora Dojkic, by counsel, having filed their Motion for to Amend Complaint to Change the Party Against Whom Claim is Asserted and amend the Complaint Pursuant to Trial Rule 15(C), and the Court being duly advised in the matter, now grants said Motion.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that Plaintiff is granted leave to change the party against whom the claim is asserted to Indian Harbor Insurance Company and amend the Complaint. The Amended Complaint for Damages attached to the Motion for Leave to Amend Complaint is deemed filed as of the date of this Order and the Defendant, Indian Harbor Insurance Company, is ordered to respond to the Amended Complaint for Damages within thirty (30) days of the date of this Order.

Dated this November 30, 2020 day of _____ 2012.



CYNTHIA J. AYERS
JUDGE, Marion County Superior Court

DISTRIBUTION:

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Hurst Limontes, LLC.
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